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CONFIRMATION NO. 8889

SERIAL NUMBER 10/646,133	FILING OR 371(c) DATE 08/22/2003 RULE	CLASS 715	GROUP ART UNIT 2179	ATTORNEY DOCKET NO. 03-011
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APPLICANTS
Robert Keane, Arlington, MA;

**** CONTINUING DATA ******* NO H.V.

**** FOREIGN APPLICATIONS ******* NO H.V.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 12/11/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 5	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after met

Verified and Acknowledged *Henry* Allowance Examiner's Signature *H.V.* Initials

ADDRESS
37420

TITLE
System and method for remote assistance

FILING FEE RECEIVED 857	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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